

## PART B - FEE(S) TRANSMITTAL

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27049      7590      12/06/2010  
**OLIFF & BERRIDGE, PLC**  
P.O. BOX 320850  
ALEXANDRIA, VA 22320-4850



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/582,867	10/29/2007	Urs Burckhardt	128131	5954

TITLE OF INVENTION: ALDIMINOALKYLSILANES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/07/2011
				02/09/2011 SMOHAMM1	00000052 10582867	
EXAMINER	ART UNIT	CLASS-SUBCLASS				
WALTERS JR, ROBERT S	1711	556-465000		01 FC:1501 02 FC:1504	1510.00 OP 300.00 OP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Oliff & Berridge, PLC 2 _____ 3 _____				

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Sika Technology AG

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Baar, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

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- A check is enclosed. ck# 235302 (\$1810)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date February 8, 2011

Typed or printed name Sarah Lhymn

Registration No. 65,041

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